

United States District Court

MIDDLE
EASTERN

DISTRICT OF

ALABAMA
DIVISION

UNITED STATES LIFE INSURANCE COMPANY
OF AMERICA IN THE CITY OF NEW YORK
Plaintiff

V.

RONNIE JAMES HERRING, MD
Defendant

SUMMONS IN A CIVIL CASE

CASE NUMBER: 3:07CV1071-WKW

TO: (Name and address of defendant)

Ronnie James Herring, MD
3100 Lafayette Parkway
Opelika, AL 36801

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Grace L. Kipp
Maynard, Cooper & Gale, P.C.
1901 6th Avenue North, Suite 2400
Birmingham, AL 35203

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Debra P. Hackett

CLERK

DATE

12-7-07

(BY) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE <u>12-12-07</u>
NAME OF SERVER (PRINT) <u>Kelly Sparks</u>	TITLE <u>Paralegal</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): Certified mail

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
		\$0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 12-14-07 Kelly Sparks
Date Signature of Server

1901 10th Ave. N, Ste 2400
Address of Server
Birmingham, AL 35203

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ronnie James Herring, M.D. 3100 Lafayette Parkway Opelika, AL 36801</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 12/12/07</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 1350 0000 0180 4977</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	